TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL	0.1.010		
COD. HEAT THE CARE CINANCING ADMINISTRATION	04-019	MN	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI	I II F XIX OF THE	
	SOCIAL SECURITY ACT (MEDICAID)		
ΓΟ: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2004		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE CONSIDERE	D AS NEW PLAN X AMEN	DMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)	
5. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT:		
		( 357,000)	
THE RESERVE OF THE PARTY OF THE		(1,642,000)	
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
page 5 of Supplement 8a to Attachment 2.6-A	OR ATTACHMENT (IJ Applicable).		
page 5 of Supplement out to American 216 11	page 5 of Supplement 8a to Attachment 2.6-A		
LO CUDIFICATION AND AND AND AND AND AND AND AND AND AN			
10. SUBJECT OF AMENDMENT: Reduction in income disregard for poverty level children age one up	to age 19.		
11. GOVERNOR=S REVIEW (Check One):			
X_GOVERNOR=S OFFICE REPORTED NO COMMI	ENT OTHER, AS S	PECIFIED:	
COMMENTS OF GOVERNOR=S OFFICE ENCLO	<del></del> /		
NO REPLY RECEIVED WITHIN 45 DAYS OF SU			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
12. SIGNATURE OF STATE AGENCY OFFICIAL.	Stephanie Schwartz		
	Federal Relations Unit		
// Mary B. Kennedy – signature //	Minnesota Department of Human Serv	ices	
	444 Lafayette Road No. St. Paul, MN 55155-3852		
TYPED MAME	St. Faul, WIN 33133-3632		
13. TYPED NAME:  Mary B. Kennedy	The state of the s	1	
14. TITLE:	Myone	1, 09/24/04	
Medicaid Director	26 feller	0 7/01/04	
15. DATE SUBMITTED: July 30, 2004		1011	
FOR REGIONAL O	FRICE USE ONLY	▼	
		5. and 3	
17. DATE RECEIVED:July 30, 2004	18, DATE APPROVED: SEP	2 4 2004	
PLAN APPROVED BO	NE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:			
Auly 1, 2004	Make arten	ACA	
21. TYPED NAME: Cheryl A. Harris	22. ATTLE Associate Regional Admin	istrator	
	Division of Medicaid and Children's Health		
The second of th			
23. REMARKS:			

Revision:

HCFA-PM-91-4 (BPD) AUGUST 1991

## SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 5

POLICY	HOW POLICY IS MORE LIBERAL	GROUPS TO WHICH POLICY IS APPLIED
Income disregard for low income families.  Disregard the difference between the '1931 income standard (Supplement 1 to Attachment 2.6-A, page 1) and 100 percent of the Federal poverty levels. Adjust annually on July 1.	AFDC applied a \$50 child support exclusion from income and a \$90 disregard of earned income to applicants and recipients. AFDC also applied a \$30 earned income disregard for 12 months to recipients. This income disregard replaces all of the above methods.	Low-income families. §1931
Income disregard for mandatory and optional categorically needy groups related to AFDC, and medically needy families. Disregard the difference between the medically needy income standard (Supplement 1 to Attachment 2.6-A., page 7) and 100 percent of the Federal poverty levels. Adjust annually on July 1.	AFDC applied a \$50 child support exclusion and a \$90 disregard of earned income. This income disregard replaces these two methods.	Qualified pregnant women, children and families. §§'1902(a)(10)(A)(i)(III) and 1905(n).  Optional categorically needy - families and children. §§ 1902(a)(10)(A)(ii), 1905(a)(i) and 1905(a)(ii).  Medically needy - families and children. §§ 1902(a)(10)(C)(i)(III), 1905(a)(i) and 1905(a)(ii).
Earned income disregard for low income families and children. Disregard 17 percent of earned income for four months for applicants or recipients.	AFDC had no similar disregard for applicants. AFDC applied to recipients a disregard of 1/3 of earned income for four months. This disregard applies to applicants, and for recipients replaces the four months of a 1/3 disregard of earned income.	Low income families. §1931
Earned income disregard for mandatory and optional categorically needy groups related to AFDC, and medically needy families. Disregard 17 percent of earned income for four months for applicants or recipients.	AFDC had no similar disregard for applicants. This disregard applies applicants and recipients.	Qualified pregnant women, children and families. §§ 1902(a)(10)(A)(i)(III) and 1905(n) Optional categorically needy - families and children. §§ 1902(a)(10)(A)(ii), 1905(a)(i) and 1905(a)(ii). Medically needy - families and children. §§ 1902(a)(10)(C)(i)(III), 1905(a)(i) and 1905(a)(ii).
Income Disregard for certain poverty level children. Disregard the difference between the income standard and income up to 170 150 percent of poverty. Adjust annually on July 1.	AFDC applied a \$50 child support exclusion from income and a \$90 disregard of carned income. This income disregard replaces both these this methods.	Children age one through five. \$1902(a)(10(A)(i)(VI)  Children age six up to age 19, born after September 30, 1983. \$1902(a)(10(A)(i)(VII).

TN No. <u>04-19</u>	SEP 2 4 000s		
Supersedes	Approval Date:	Date:	7/01/04
TN No. <u>03-18</u>			